

## CLAIMS ONLY

Application Number

10/17/2018

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			/						51			
2				/					52			
3				/					53			
4				/					54			
5				/					55			
6				/					56			
7				/					57			
8				/					58			
9				/					59			
10				/					60			
11				/					61			
12				/					62			
13				/					63			
14				/					64			
15				/					65			
16				/					66			
17				/					67			
18				/					68			
19				/					69			
20			/						70			
21				/					71			
22				/					72			
23				/					73			
24				/					74			
25				/					75			
26				/					76			
27				/					77			
28				/					78			
29				/					79			
30				/					80			
31				/					81			
32				/					82			
33				/					83			
34				/					84			
35				/					85			
36				/					86			
37				/					87			
38				/					88			
39				/					89			
40				/					90			
41				/					91			
42				/					92			
43				/					93			
44				/					94			
45				/					95			
46				/					96			
47				/					97			
48				/					98			
49				/					99			
50				/					100			
Total Indep			3						Total Indep			
Total Depend			36						Total Depend			
Total Claims			39						Total Claims			